

Entered - 03-19-01 - sb
CL 01L0180 - GWENDOLYN BURNS

CLAIM OF: **NETIA KEMP and HAROLD BRITT**
1386 Miller Reed Avenue, SE
Atlanta, Georgia 30315

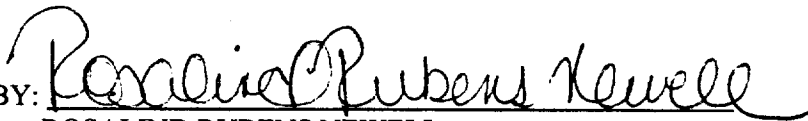
01-*P*-0552

For vehicular damages alleged to have been sustained as a result of an automobile accident on February 14, 2001 at 1734 Lakewood Avenue.

**BY PUBLIC SAFETY AND LEGAL ADMINISTRATION
COMMITTEE:**

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **NETIA KEMP and HAROLD BRITT** the sum of **\$616.43** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for vehicular damages alleged to have been sustained as a result of an automobile accident on February 14, 2001 at 1734 Lakewood Avenue as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0180

Date: March 29, 2001

Claimant /Victim NETIA KEMP and HAROLD BRITT
BY: (Atty) (Ins. Co.) _____
Address: 1386 Miller Reed Avenue, SE, Atlanta, Georgia 30315
Subrogation: _____ Claim for Property damage \$ 714.93 Bodily Injury \$ _____
Date of Notice: 3/16/01 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 _____ X Ante Litem (6 Mo.) _____ X
Date of Occurrence 2/14/01 Place: 1734 Lakewood Avenue
Department POLICE Division _____
Employee involved S. L. Clark Disciplinary Action: Pending Review

NATURE OF CLAIM: Claimants' vehicle sustained damage when it was rear ended by a city police vehicle that was "following too closely".

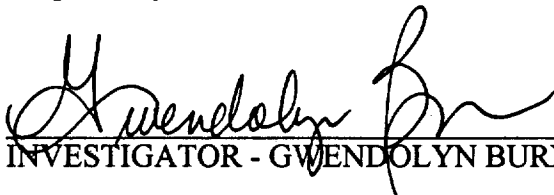
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police X Dept Report _____ Other _____
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

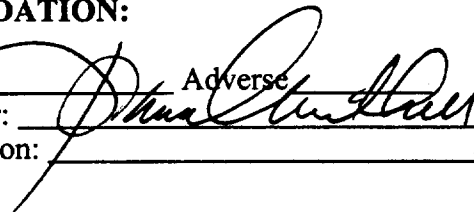
BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable X
City not involved _____ Offer rejected _____ Compromise settlement X
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ 616.43 Adverse _____ Account charged: 1A01 X 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 03-29-01
Committee Action: _____ Council Action _____

RECEIVED MAR 16 2001 *BURNS*

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES *03/16/01*

Today's Date: *3/15/01*

Dear Municipal Clerk:

ENTERED - 3-19-01 - SB
01L0180 - GWEN BURNS

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ _____ property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: *2/14/01* 2. Time of Incident: *5:00pm* 3. Police called: ☒ Yes ☐ No
(month/day/year)
4. Location of incident (including street address): *LAKEWOOD AVE*
5. Name of your insurance company: *STATE FARM* Policy No. *0370-5693-27*
6. State what and how incident occurred: *I WAS STOP AT RED LIGHT ON LAKEWOOD AVE CARB
IN LEFT LANE ARROW CAME ON FOR CARB ON LEFT TO TURN MOMENT LATE I WAS RAMMED
BY OFFICAL SHERRY CLARK IN THE BACK OF MY FORD VAN, THE RAM WAS SO HARD THAT MY
HEAD WAS HUNTING AND MY NECK TINDER FOR DAYS MY HUSBAND AND MY SON FEET OK.*
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
Your vehicle: *FORD AEROSTAR XL* *1994* *331QT* *NETTA KEMP*
(Make) (Year) (Tag Number) (Driver's Name)
City vehicle: *FORD* *SHERRY CLARK*
(Make) (City Driver's Name) (Department/Bureau)
9. Witness: _____
(Name) (Address) (Telephone Number)
10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

[Signature]
Signature of Claimant

NETTA KEMP
(Print Claimant's Name)

1386 MILLER AVE S.E
(Address)

ATLANTA GA 30315
(City, State and Zip Code)

(4) 6875785
(Work Number) (Home Number)

01-R-0552